STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525397	A. Building B. Wing	12/01/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Dove Healthcare - Superior	1800 New York Ave Superior, WI 54880

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0623 Level of Harm - Potential for minimal harm Residents Affected - Some	Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47284 Based on record review and interview, the facility did not notify the Ombudsmen of 2 of 4 residents reviewed for transfers (R77 and R42). R77 was hospitalized [DATE]-[DATE]. The Ombudsman was not notified of R77's transfer. R42 was hospitalized [DATE] - 8/3/22. The Ombudsman was not notified of R42's transfer. This is evidenced by: Example 1 On 11/30/22 at 2:21 PM, Surveyor reviewed R77's medical record and noted nursing note written on 10/31/22 at 11:34 p.m., by Licensed Practical Nurse (LPN) L stated, At 2141, CNA (Certified Nursing Assistant) reported resident had 5-6 dark brown colored emesis. Writer indeed observed a dark brown colored emesis in basin. Resident denied dizziness, syncope feeling when asked by writer. Resident c/o (complain of) severe abdominal pain with pain scale 9-10/10. Resident appeared diaphoretic, pale at face. Resident stated, help me with this pain, I can't stand it. R77's medical record documented vital signs: T: 97.5, P: 54, R: 26, BP: 214/118, O2 Sat. 94% on RA. Blood sugar: 295. No rectal or vaginal bleeding noted. EMS (Emergency Medical Services) was called by the facility at 9:59 p.m., for transport to ER (emergency room) for evaluation. R77's documentation in medical record stated R77 was in agreement with plan and verbal bed hold was given. Emergency contact family member was informed and also in agreement with plan and stated approval to give information to spouse as son is out of town at this time. Family member requests resident be sent to Essentia Duluth. EMS enroute with resident to EH (Essentia Health) Duluth ER at 2222. R77's medical record did not document notification of Ombudsman of R77's transfer to hospital. 31086 Example 2 Review of R42's medical record documented on 08/1/22 at 11:29 a.m., a verbal order to send to the emergency room for an evaluation. (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525397	A. Building B. Wing	12/01/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Dove Healthcare - Superior	1800 New York Ave Superior, WI 54880

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0623 Level of Harm - Potential for minimal harm Residents Affected - Some	Review of the electronic medical record did not document a notification of R42's transfer to the hospital was sent to the Ombudsman. On 11/30/22 at 3:57 p.m., Surveyor interviewed Corporate Social Worker (CSW) K asking for notice of transfer to Ombudsman. CSW K indicated the Ombudsman was not notified of transfers since June and will be training the current social worker.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525397	A. Building B. Wing	12/01/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Dove Healthcare - Superior	1800 New York Ave Superior, WI 54880

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0626 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Permit a resident to return to the nursing home after hospitalization or therapeutic leave that exceeds bed-hold policy. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41945 Based on interview and record review, the facility did not permit R69 to return to the facility following a discharge, return anticipated, to a hospital. This occurred for 1 of 4 residents (R) 69 reviewed for readmission/discharge/transfer to facility. R69 was discharged to the hospital on 9/1/22 with return anticipated. The facility refused to readmit the resident on 9/3/22 when the hospital indicated R69 was ready to be discharged from the hospital. There was no documentation in R69's medical record by the facility explaining the basis for refusal of readmission. This is evidenced by: Facility policy titled, Readmission to the Facility dated 2001 MED-PASS, Inc (Revised March 2017), states: Residents who have been discharged to the hospital or for therapeutic leave will be given priority in readmission to the facility. Surveyor conducted medical record review on R69. R69 was admitted to the facility on [DATE]. R69's diagnoses included, in part: . Dementia in other diseases classified elsewhere, classified severity, with other behavioral disturbance, Anxiety disorder, unspecified, Dysthymic disorder, Metabolic encephalopathy, Attention and concentration deficit, Avoidant personality disorder, Vascular dementia, unspecified severity, with other behavioral disturbance, Other conduct disorders . R69's medical record documents refusal of cares and treatments. Documentation states R69 is combative and aggressive during wound care to heels. R69's medical record documented on 09/01/22 at 8:21 p.m., R69 had chills and increased fatigue during the PM shift. R69 was warm to the touch, red in the face, slight shivers, temperature 100.6. Documentation stated provider on-call notified and orders were given for transfer to the emergency room for evaluation. Resident was in the emergency room [DATE] and then admitted to the hospital on 09/02/22. Hospital documentation by physician dated 09/03/22 stated Medically ready for discharge when facility can accept patient. Expected discharge date : 09/03/22. Hospital documentation by RN (Registered Nurse) dated 09/05/22 stated, Medically ready to discharge, but nursing home not able to take patient back at this time (weekend and holiday). Facility did not document any reason in R69's medical record as to why readmission to the facility was not until 09/06/22. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525397	A. Building B. Wing	12/01/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Dove Healthcare - Superior	1800 New York Ave Superior, WI 54880

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0626 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 11/29/22 at 11:30 a.m., Surveyor interviewed Nursing Home Administrator (NHA) A and Licensed Practical Nurse (LPN) F. Surveyor asked why R69 was not readmitted to the facility from the hospital on 09/03/22 when the hospital was ready to discharge R69. LPN F stated R69 was started on Vancomycin 1250mg every 18 hours via an infusion ball on 09/02/22. LPN F stated the facility is unable to do that dose via the infusion ball and the facility stated R69 was just started on the antibiotic at the hospital and was not stable to be discharged at that time. Surveyor asked NHA A if staffing had anything to do with the delay in readmission of R69 to the facility. NHA stated the facility had enough staff to readmit R69. On 12/02/22 at 8:30 a.m., Surveyor interviewed NHA A. Surveyor asked NHA A again about staffing why the antibiotic infusion couldn't be done by the facility. NHA A stated at the time R69 was in the hospital, the facility had a conflict with the previous Director of Nursing (DON). The DON was not willing to readmit R69 over the weekend/holiday. NHA A stated one of two nurse managers were on-call over the weekend and the facility had the ability/staff to readmit R69, unfortunately R69 was not readmitted until 09/06/22. On 12/01/22 at 9:15 a.m., Surveyor interviewed Complainant. Surveyor asked if Complainant had any further information about R69 and his discharge from the hospital. Complainant stated that the hospital was ready to discharge R69 on 09/03/22 and the facility stated they could not take him back until 09/06/22.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525397	A. Building B. Wing	12/01/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Dove Healthcare - Superior	1800 New York Ave Superior, WI 54880

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47284 Based on observation, interview and record review, the facility did not ensure 1 of 20 (R3) residents reviewed for comprehensive care plans had a developed care plan to include respiratory. R3 has an extensive history of respiratory issues, along with the use of respiratory equipment and does not have a comprehensive care plan to include respiratory. This is evidenced by: On 11/29/22 at 8:15 AM, Surveyor reviewed R3's medical record. R3 was admitted to the facility on [DATE] with a primary diagnosis of spina bifida. Other diagnoses included, but not limited to chronic respiratory failure with hypoxia, other disorders of lung, and sleep apnea. R3 has a BIMS (Brief Interview for Mental Status) score of 15 out of 15, which means cognitively intact. R3's physician's orders as follows: 3 liters of oxygen per minute via nasal cannula continuous, with a start date of 3/30/22. Clean oxygen concentrator filter weekly on Saturday, with a start date 2/19/22. Change oxygen tubing weekly in the evening every Tuesday, with a start date 11/29/22. Wipe down oxygen concentrator weekly in the evening every Tuesday, with a start date 11/29/22. No orders for BiPAP in the current EMR (electronic medical records) orders. Ipratropium Albuterol solution 0.5-2.5 (3) mg/3ml inhale orally every 4 hours as needed for shortness of breath related to shortness of breath inhale 3 ml into the lungs as needed. Start date 2/17/22. Per review of miscellaneous documents for R3, a Progress Note dated 4/5/22 written by DON B(Director of Nursing) for clarification on BiPAP (bilevel positive airway pressure) which reads: On 7/2022 there was an order for BiPAP at HS (hour of sleep) with 2 LPM (liters per minute). This order is no longer in the orders. Does resident need BiPAP? If so, please write orders for what is needed. On this document the written response states Yes - order for BiPAP @ HS with 2 lpm oxygen. Signed and dated 4/5/22 by Provider. Per review of R3's TAR (Treatment Administration Record) for the month of November 2022: Change oxygen tubing weekly in the evening every Tuesday with start date 11/29/22. Charted as complete on 11/29/22. Wipe down Oxygen concentrator weekly in the evening every Tuesday with start date 11/29/22. Charted as complete on 11/29/22. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525397	A. Building B. Wing	12/01/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Dove Healthcare - Superior	1800 New York Ave Superior, WI 54880

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	October 2022 TAR does not have any documentation concerning changing oxygen tubing nor wipe down oxygen concentrator. October-June 2022 TAR has no specific area to chart completion of the above tasks, but on each page of the TAR it does have a section for Unscheduled Other orders that states [Oxygen] - change oxygen tubing weekly, wipe down oxygen concentrator weekly. No documentation that this was completed. Nothing on TAR about BiPAP or nebulizer cares. Review of R3's care plan shows there is nothing written concerning respiratory such as assessments, cares, or treatments. On 11/28/22 at 10:35 AM, Surveyor observed R3 currently on oxygen 3 liters per minute (LPM) via nasal cannula (NC). No date noted on the NC, with humidification date on humidifier container of 8/15/22. Surveyor asked R3 if known when staff last changed the oxygen tubing, humidifier container or other respiratory equipment. R3 states unknown when staff last changed the respiratory equipment. R3 states wears BiPAP equipment at night each night and nebulizer as needed. Nebulizer machine at bedside along with BiPAP machine. Resident is in no respiratory distress. On 11/29/22 at 1:15 PM, Surveyor spoke with LPN J (Licensed Practical Nurse) concerning protocol for changing oxygen tubing and humidifiers. She advised, The tubing and humidifier container needs to be changed every seven days and document in the TAR when completed. On 11/29/22 at 1:17 PM, Surveyor's observation of R3 who is in no respiratory distress. Oxygen via nasal cannula in place with humidifier oxygen at 3 LPM. Noted on humidifier container date of 11/29/22. On 11/30/22 at 10:15 AM, Surveyor observed R3 talking on the phone at this time. No respiratory distress noted. Oxygen via nasal cannula on resident. On 11/30/22 at 2:03 PM, Surveyor asked DON (Director of Nursing) B for the missing documentation in the TAR for R3 concerning the oxygen, nebulizer, and BiPAP cares and changes, and care plan for respiratory. DON B was unable to produce the requested documentation for TAR and care plan stating, There is no care plan for respiratory care for R3.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525397	A. Building B. Wing	12/01/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Dove Healthcare - Superior	1800 New York Ave Superior, WI 54880

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide activities to meet all resident's needs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 17661 Based on observations, interviews and record reviews, the facility did not provide an ongoing individualized and meaningful program to support the residents in their choice of activities designed to meet their interests and support their physical, mental and psychosocial well-being. This affected 2 of 3 residents reviewed for activity programming (R13 and R17) that reside on the Third Floor Unit of the facility. R13 and R17 both indicated to the Surveyor during the screening process that there were no engaging activities offered daily and they are bored with nothing to do to pass time. Three days of observations were conducted (11/28/22 - 11/30/22) in which there was no activities programming for R13 and R17. This is evidenced by: Example 1: R13 has medical diagnoses that include, but are not limited to Spastic Hemiplegia affecting the right dominant side, Bilateral Degeneration of the Macula, Bilateral Cortical Age-Related Cataract and Major Depressive Disorder. According to the most recent Comprehensive Minimum Data Set Assessment (MDSA), which was an Admission assessment dated [DATE], the following was noted: - R13 has no behaviors - PHQ-9 (Patient Health Questionnaire) score was 3/27: (Section D0200. Resident Mood Interview, scoring R13 as Feeling down, depressed, or hopeless (2) 7-11 days and Trouble falling or staying asleep, or sleeping too much (1) 2-6 days Note: The 9-question PHQ is a diagnostic tool introduced in 2001 to screen adult patients in a primary care setting for the presence and severity of depression. It rates depression based on the self-administered questionnaire. A PHQ-9 score total of 0-4 points equals normal or minimal depression. Scoring between 5-9 points indicates mild depression, 10-14 points indicates moderate depression, 15-19 points indicates moderately severe depression, and 20 or more points indicates severe depression. Section F0500 of this MDSA Interview for Activity Preferences indicated R13 responded to the following questions: - How important is it to you to have books, newspapers, and magazines to read? (Very Important) - How important is it to you to listen to music you like? (Very Important) - How important is it to you to do things with groups of people? (Somewhat important) - How important is it to you to do your favorite activities? (Very Important) (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525397	A. Building B. Wing	12/01/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Dove Healthcare - Superior	1800 New York Ave Superior, WI 54880

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	- How important is it to you to go outside to get fresh air when the weather is good? (Very Important) - How important is it to you to participate in religious services or practices? (Very Important) The Quarterly MDSA was then reviewed, dated 11/3/22, and noted the following PHQ-9 score: 7/27, which was a decline in his mood tendencies. Section D0200. Resident Mood Interview: 7/27 - Feeling down, depressed, or hopeless (3) 12-14 days - Trouble falling or staying asleep, or sleeping too much (3) 12-14 days - Trouble concentrating on things, such as reading the newspaper or watching television (1) 2-6 days R13's Care Plan was then reviewed and Surveyor noted the following: (R13) establishes own goals. Resident prefers independent activity(leisure) in his room. Resident communicates his/her leisure needs. (this was dated 8/5/22) Interventions for this plan included: - Establish and record the resident's prior level of activity involvement and interests by talking with the resident, caregivers, and family on admission and as necessary. Reminisce about his occupation as a Carpenter. His interests are: Outdoor magazines, books, Television, Country music, and woodworking. - Offer visits for the purpose of assisting resident with meeting independent leisure needs Surveyor then reviewed the Recreational Interdisciplinary Team Progress Notes and noted the most recent entry was dated 8/22/2022, which stated, . Activity staff met with resident regarding leisure activity level. He prefers independent leisure activities such as TV, reading, visiting, magazines and western books. He declines any additional independent activity supplies and is satisfied with is activity level. On 11/28/22 from 9:30 AM - 4:30 PM, there was no activity programming on the Third Floor of the facility for residents to actively participate and engage themselves. It was noted that the majority of the residents were in their rooms, with many of them asleep on top of their beds. On 11/29/22 at 7:49 AM, Surveyor met with R17 for initial screening and interview. Surveyor asked R13 what he does for enjoyment while in the facility. R13 responded, . There is really nothing to do but sit around, watch television, but you can only do that for so long. Oh yesterday, someone did come up here and played Hangman with me, that was fun, but other than that, it's boring here. Just sit around and watch the paint dry. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525397	A. Building B. Wing	12/01/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Dove Healthcare - Superior	1800 New York Ave Superior, WI 54880

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	When asked what he would enjoy, R13 stated he would enjoy a newspaper. He reads and is interested in what is happening locally and nationally. Other than the newspaper, R13 could not really give Surveyor ideas of the sort of activities he would enjoy, no music, I can watch that on the TV if I want. Surveyor then reviewed the documented activity programming for R13 for the month of November, 2022, and noted the following: R13 participated in the following activities: - Social Snack/Hydration in lounge: x28 - 1:1 visit: x25 - Hangman: x1 R13 is charted for the following independent activities: - People Watching/Visiting: x6 - Computer/Phone/MP3: x26 - Radio/Television: x28 - Family/Friends Visit: x9 - Reading Bible Diversions on Computer: x4 The following was then observed throughout the day for R13: - 11:00 AM laying in bed. Surveyor approached and asked if he was in bed by choice. Stated, there is nothing to do but take a nap. At 11:05 AM, Surveyor interviewed AA P (Activity Aide) regarding the types of programming available for the residents on the Third Floor. AA P was walking room-to-room with a cart that contained several papers but no games or other activity equipment. AA P stated that she receives direction from the Activity Director on the programming to offer residents. She stated that once a day around 11:00 AM, she plays Hangman or Trivia with residents in their rooms. She stated on this day, she is doing an exercise program in the rooms with residents living on the First Floor, the active Covid-19 unit. AA-P stated there are no group activities on the Third Floor, there are no men's groups or activities geared toward men specifically. When asked why the limited programming on Third Floor, which currently has no Covid-19 cases, AA P stated that she would need to ask her Activity Director who sets the programming each day. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525397	A. Building B. Wing	12/01/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Dove Healthcare - Superior	1800 New York Ave Superior, WI 54880

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	R13 observations continued: - 11:30 up for noon meal - 1:18 PM- back in bed, napping At 1:27 PM, Surveyor met with the facility's Therapeutic Recreational Director, or Activity Director, Staff Q regarding the activity programming she sets for residents. Staff Q stated that each floor programming is based on their preferences. For the Third Floor residents, Staff Q stated that they went through a phase in which Third Floor was basically Rehabilitation, then with the Covid-19 Pandemic, transitioned into Long Term Care. Staff Q stated the residents on Third Floor enjoy flavored coffee and news and that she is adding activity programming on that unit. She stated that she goes . around every month and talks to each resident to see if I am meeting their needs . Observations of R13 continued: - 3:11 PM still in bed with no television or music on Of concern, on 11/29/22, Surveyor noted there was no activity programming for the residents on the Third Floor from 6:45 AM- 4:30 PM At 3:11 PM, Staff Q approached Surveyor in hallway and stated that she met with R13 . a little while ago and he really didn't want any group activities but did state that he really wants to make something out of wood. I went and got him this kit (showed writer a small kit for wood working). So thank you. On 11/30/22 at 8:04 AM, R13 was noted to be eating in his room, and thanked Surveyor for . getting something going for something to do. Maybe now I won't get so bored. R13 verified that he was given a newspaper and a kit to put together a birdhouse. R13 thanked Surveyor for getting the ball rolling for me. I appreciate it. On 11/30/22 from 7:30 AM - 4:30 PM, there were no activity programs being conducted for the residents on the Third Floor. Example 2 R17 has medical diagnoses that include but are not limited to Major Depressive Disorder Recurrent Severe with Psychotic Symptoms, Post-Traumatic Stress Disorder and Generalized Anxiety Disorder. Surveyor reviewed the most recent Comprehensive Minimum Data Assessment, which was an Admission assessment dated [DATE]. According to this assessment, R17 had no behaviors and was scored a PHQ-9 score of 6/27. Note: The 9-question PHQ is a diagnostic tool introduced in 2001 to screen adult patients in a primary care setting for the presence and severity of depression. It rates depression based on the self-administered questionnaire. A PHQ-9 score total of 0-4 points equals normal or minimal depression. Scoring between 5-9 points indicates mild depression, 10-14 points indicates moderate depression, 15-19 points indicates moderately severe depression, and 20 or more points indicates severe depression. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525397	A. Building B. Wing	12/01/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Dove Healthcare - Superior	1800 New York Ave Superior, WI 54880

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Section D0200, Resident Mood Interview indicated the following: - Feeling down, depressed, or hopeless (1) 1-2 days - Trouble falling or staying asleep, or sleeping too much (2) 7-11 days - Feeling tired or having little energy (2) 7-11 days - Feeling bad about yourself - or that you are a failure or have let yourself or your family down (1) 2-6 days Section F0500. Interview for Activity Preferences - How important is it to you to listen to music you like? Very Important - How important is it to you to be around animals such as pets? Very Important - How important is it to you to do your favorite activities? Very Important - How important is it to you to go outside to get fresh air when the weather is good? Very Important - How important is it to you to participate in religious services or practices? Very Important Subsequent MDSAs were also reviewed, a quarterly dated 6/30/22 and a quarterly dated 9/30/22. - No behaviors were noted on these two assessments - Mood also improved from 6/27 on admission to 0 indicators on subsequent two Quarterly assessments A review of R17's Care Plan was completed and Surveyor noted the following: - R17 establishes own goals. Resident prefers independent activity (leisure) in her room. Resident communicates her leisure need. This plan was dated 3/28/22, and had not been revised to date. Interventions included: - Establish and record the resident's prior level of activity involvement and interests by talking with the resident, caregivers, and family on admission and as necessary. Reminisce about her occupation as a Respiratory Therapist. Her interests are: TV sports and UMD Bulldog hockey, reading murder mysteries and 70's music. - Offer visits for the purpose of assisting resident with meeting independent leisure needs - Respect residents choice of independent leisure A review of the Interdisciplinary Progress Notes (IDTPNs) was conducted and Surveyor noted the following entries: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525397	A. Building B. Wing	12/01/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Dove Healthcare - Superior	1800 New York Ave Superior, WI 54880

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	- 3/28/2022 10:32 Therapeutic Rec Note Text: CP Initiated: Admission note: (R17) is a new addition to the facility. She plans to be here short term and return to her apartment in Superior. Her occupation is a Respiratory Therapist. Her interests are: TV sports and UMD (University of Minnesota Duluth) Bulldog hockey, reading murder mysteries and 70's music. Approaches set up in CP to address leisure activities. - 11/16/2022 10:41 Therapeutic Rec Note Text: Activity Note: Activity staff met with resident regarding leisure activity concern. She participates in the group activities i.e.: Bingo, hangman, word games, music, resident council and special events. She suggested playing bean bags. On 11/28/22 from 9:30 AM -11:27 AM, no activity programming was being conducted on the Third Floor, which is where R17 resides, On 11/28/22 at 11:28 AM, Surveyor interviewed R17 for the initial screening process. R17 was asked what she does for enjoyment. R17 stated that she feels . bored, there are no activities conducted up on the third floor; some games like Bingo and some in resident rooms, but not much else. I do go to the Resident Council; I spend my time walking because there isn't much else to do, walk and nap. That's pretty much how I spend my day, watch some television, but there really isn't anything else to do. Surveyor continued to observe for activity programming on 11/28/22 and noted until 4:30 PM, there was no activity programming on the Third Floor of the facility for residents to actively participate and engage themselves. It was noted that the majority of the residents were in their rooms, with many of them asleep on top of their beds. It was noted however, that at 2:21 PM, R17 was engaged in decorating the Christmas tree on the unit. R17 was noted much of the day to walk around the unit with her wheeled walker by herself with no other engagement. On 11/29/22, Surveyor continued to monitor activity programming for the Third Floor residents. At 9:43 AM, Surveyor again approached R17 and interviewed her regarding activity programming. R17 stated, They used to do some group games up here, which was fun. We haven't had them in a long time. I know they do some activities downstairs but we can't go down there. We need to remain on our floors because of Covid illnesses . R17 stated she enjoys games, especially BINGO and music programs. She stated the facility did set her up with word find games on her phone, but there wasn't much else to do currently. She stated she spends her time walking, as she is trying to lose weight, but that is really all she does besides nap. At 11:05 AM, Surveyor interviewed AA P (Activity Aide) regarding the types of programming available for the residents on the Third Floor. AA P was walking room-to-room with a cart that contained several papers but no games or other activity equipment. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525397	A. Building B. Wing	12/01/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Dove Healthcare - Superior	1800 New York Ave Superior, WI 54880

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	AA P stated that she receives direction from the Activity Director on the programming to offer residents. She stated that once a day around 11:00 AM, she plays Hangman or Trivia with residents in their rooms. She stated on this day, she is doing an exercise program in the rooms with residents living on the First Floor, the active Covid-19 unit. AA P stated there are no group activities on the Third Floor, there are no men's groups or activities geared toward men specifically. When asked why the limited programming on Third Floor, which currently has no Covid-19 cases, AA P stated that she would need to ask her Activity Director who sets the programming each day. At 1:27 PM, Surveyor met with the facility's Therapeutic Recreational Director, or Activity Director, Staff Q regarding the activity programming she sets for residents. Staff Q stated that each floor programming is based on their preferences. For the Third Floor residents, Staff Q stated that they went through a phase in which Third Floor was basically Rehabilitation, then with the Covid-19 Pandemic, transitioned into Long Term Care. Staff Q stated the residents on Third Floor enjoy flavored coffee and news and that she is adding activity programming on that unit. She stated that she goes . around every month and talks to each resident to see if I am meeting their needs . Staff Q stated that (R17) . has been attending First floor activities up until last week when Covid outbreak occurred. We have been doing groups up there last week, Name 5, Mass and Bingo, dice and communion, to name just a few. Also (R17) came down for slot tournament Note: Surveyor observed activity programming on the Third Floor from 6:45 AM until 4:30 PM, when Surveyor ceased observations. There were no programs being conducted with the exception of AA P going room-to-room at 11:00 AM with a wheeled cart that consisted of a few pieces of paper but no games or other activity equipment. Surveyor then reviewed Activity programming for the month of November for R17 and noted R17 participated in the following activities: - BINGO: x6 - Hangman/Crossword/Dice games: x2 - Cooking/Baking: x2 - Social Time with Snacks/Beverages in Lounge: x24 - Entertainment: x1 - party/Special Events: x1 - 1:1 visits/Music visit with guitar: x17 - People Watching/Visiting in Lounge: x23 In Room Activities: - 80's Rock Music on IPad: x12 (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525397	A. Building B. Wing	12/01/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Dove Healthcare - Superior	1800 New York Ave Superior, WI 54880

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	- Ambulation in hallway: frequently throughout the day when observed by Surveyor, Activities noted it x23 - Radio/Television: x22 - Reading: x7

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525397	A. Building B. Wing	12/01/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Dove Healthcare - Superior	1800 New York Ave Superior, WI 54880

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41994 Based on observations, interviews and record review, the facility did not ensure that residents received treatment and care in accordance with professional standards of practice, for 2 of 20 (R66, R42) sampled residents. The facility did not provide timely intervention which caused R66 to suffer pain and discomfort. It is not clear how long R66 would have suffered in pain if Surveyor had not intervened. R42 was not assessed by a Registered Nurse immediately when a change of condition occurred. This was evidenced by the following: Example 1 R66 was an [AGE] year old admitted to the facility on [DATE]. R66 was under the care of hospice as of 9/14/22. It is noted in the MDS (Minimum Data Set) of 9/23/22, Section C that R66 has a BIMS of 03 indicating severe cognitive impairment. R66 had a diagnosis of Parkinson's disease, Dementia with Lewy Bodies, Anxiety disorder, Major Depression, Rheumatoid Arthritis, and Benign Prostatic Hyperplasia with lower urinary tract symptoms (prostrate enlargement that can cause urinating difficulties). R66 had a Foley catheter in place with orders to exchange the Foley catheter monthly and as needed with an 18 French Coude, 5ml balloon and fill the balloon to 10ml's on time a day every 28 days for catheter care. On 11/30/22 at approximately 7:00AM, Surveyor asked CNA E (Certified Nursing Assistant) if they could watch her perform catheter cares. CNA E stated that they had already done catheter care, that they had not done R66 as when CNA E was in the facility the evening of 11/29/22 R66 had no urine output so the catheter was removed. CNA E further stated that they had worked until 930PM the evening before. CNA E stated that Hospice had been notified and they had given the order to pull the catheter. Surveyor then asked CNA E to describe what the process is for foley catheter care and CNA E stated that they had training in catheter care from the Health Care Academy (online training modules). CNA E would use ETOH to clean the end of tube when emptying and keep below the chair or bed. Surveyor asked why is that. CNA E stated because urine doesn't flow uphill. CNA E stated they normally do catheter care before the resident is getting up or when they are lying in bed. Use pillow cases to cover the bag for dignity. At 7:30AM, Surveyor reviewed the progress notes and noted the facility was awaiting further orders from Hospice on replacing the catheter. In the record it was also noted that R66 had been catheterized last at approximately 10:00PM on 11/29/22 as there was a note stating the following: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525397	A. Building B. Wing	12/01/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Dove Healthcare - Superior	1800 New York Ave Superior, WI 54880

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Resident had no urine output on day and beginning of PM shift per the CNA who reported this at 7:35PM. Resident appeared to be in pain and clammy skin. Writer made attempt at flushing catheter and met resistance. No 18French foley found for replacing the catheter. Catheter pulled per Moments Hospice instructions, verbal order. Waiting for Hospice on call RN to call again with further instructions/orders. Resident was assessed for pain and was 0 of 10. Resident resting, appearing comfortable in bed. Call light within reach. Will continue to monitor, and wait for another return call from hospice for next plan of care or treatment orders for resident. Will report to oncoming night shift nurse. Straight cath output 900ML. On 11/30/22 at 505AM there is a note that reads: Waiting for Moments Hospice to assess resident today, 11/3/22. See Previous nursing /hospice note in chart. Foley catheter pulled d/t no urine output and unable to flush because of meeting resistance during attempt by writer. On 11/30/22 at approximately 8:00AM, Surveyor spoke with LPN J who was the nurse on duty on the hall R66 resides on regarding the situation with R66's catheter removal and no output. LPN J went down to the room and checked for output in R66's brief and also did a brief abdominal assessment. R66 at that time stated, It hurts a little bit. LPN J went to speak with RN G who is the nurse manager as R66 had not been catheterized since the evening before. LPN J asked RN G about calling hospice again as they had not responded with any further direction as of yet. On 11/30/22 at approximately 8:15AM, Surveyor was reviewing R66's physician orders when the following order was noted: Catheter Clarification order D/T frequent occlusion: Ok to replace indwelling foley catheter 16Fr/18Fr/20Fr by facility staff per protocol. Ok to straight cath PRN for comfort. May use lidocaine 2% jelly during catheter insertion as needed for catheter orders for comfort. At this time, Surveyor spoke to RN G about this order and showed the order to RN G. on the computer. On 11/30/22 at approximately 10:00AM, Surveyor went to R66's room to see if R66 had had a new catheter placed. Surveyor walked into R66's room. R66 was yelling out and shaking in pain stating, I have never had anything hurt this bad! R66 did not have call light on. Surveyor felt due to R66's pain it was important to intervene. Surveyor went to the nurses station and spoke with RN G telling RN G that R66 was in bed yelling in pain and shaking and wondering if R66 had been straight cathed. RN G stated that they did not have an order and hospice would be coming to do it. Surveyor then said they did have an order as Surveyor had shown RN G the order earlier. RN G stated they would call LPN F to do it. Surveyor questioned why RN G could not do it right away and RN G stated that LPN J had gone home sick so they needed to pass medications. On 11/30/22 at 9:12AM, there is a progress note written by LPN F stating the following: Called hospice to have them send over caude catheter as R66 is uncomfortable. Updated on discomfort. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525397	A. Building B. Wing	12/01/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Dove Healthcare - Superior	1800 New York Ave Superior, WI 54880

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 11/30/22 at 10:01AM, there is another progress note by LPN F stating the following: Call moments hospice again due to no order to straight cath him and he is uncomfortable. Facility has 22Fr caude no 16, 18, 20. She stated hospice was coming today. I updated again he was yelling and uncomfortable. Will speak with PA from Essentia if I am unable to get ahold of them. Will update when contact made. Call center let me know Nurse is on her way. On 11/30/22 at 11:39AM, there is another progress note by LPN F stating the following: Was called up to R66 room and order from AM that he could be straight cathed. Brought supplies in room and straight cath for 375ml of dark yellow mucous urine obtained. Asked R66 if he felt better and he stated yes. Cleaned him up and gave him his call light and asked if he needed anything else. Obtained urine sample in case UA/UC ordered. Put label with his name date time and initials. Placed in bag in 2nd floor fridge. At approximately 10:10AM on 11/30/22, Surveyor observed LPN F and RN G straight catheterize R66. RN G removed his pants. R66 is shaking in pain. The procedure was done with good infection control techniques. LPN F did the straight cathertization and got a return of 275cc of dark, mucousy, odorous urine. They did not replace with foley as they continue to wait for hospice to deliver and 18Fr coude catheter. R66 stated they felt better after straight catheterization was done. At 10:22AM, Surveyor interviewed RN G regarding why it took so long to attend to R66. RN G stated that in the morning when they were shown the order to straight catheterize RN G did not notice the straight catheterization portion of the order. On 11/30/22 approximately 1200PM, Surveyor interviewed DON regarding R66. Surveyor described the situation with R66's catheter. DON asked to look at the order and did look at the order in the computer. Surveyor asked what the expectations would be. DON stated that if that order is there you have it and should use it. When asked about the nurses' priorities, and DON stated if R66 was in pain they would have made him comfortable, which would mean to catheterize him. 31086 Example 2 Review of R42's medical record document current diagnoses of alcohol-induced persisting dementia, adult failure to thrive, DM2, Congestive heart failure, chronic kidney disease stage 3, Depression, venous insufficiency, dysphagia and Barrette's esophagus without dysplasia. Review of nursing progress notes: 08/1/22 11:29 a.m., verbal order: Ok to send to ER for evaluation. one time only for 1 day. 08/1/2022 7:33 p.m., Nursing Note Text: Spoke with nurse at [Name] Superior. Resident is being admitted for aspiration Pneumonia. Review of R42's medical record did not document vitals or a Registered Nurse assessment for 08/01/22. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525397	A. Building B. Wing	12/01/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Dove Healthcare - Superior	1800 New York Ave Superior, WI 54880

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	11/30/22 at 9:57 a.m., Interview with Director of Nursing (DON) B asking if any information of assessments were documented on 08/01/22. DON B indicated had not found any additional information. Surveyor was provided with a progress note documented by a Certified Nursing Assistant (CNA) U working as a Medication Technician. 08/01/22 10:29 a.m., Resident has been sleeping all morning. Woke up around 730 while I was testing his BG. He began vomiting up tobacco and water, he refused to let me clean him up. I had to have assistance from one of the aides to get the vomit off of him and change his bed linens. he would kick out at us and was redirected to not kick at staff. He hasn't taken any AM meds except for his insulin and has eaten none of his breakfast. 11/30/22 at 3:00 p.m., DON B and NHA A brought to surveyor - Sup Elder Care - 60 day regulatory visit, I saw patient right away this morning after [Name] TMA Reporting that R42 was not feeling well. When I walked into his room, he was lying flat on his back with his eyes rolled back. Easily awaken from sleep with a sternal rub VS at 1107: BP 136/67, HR 84 regular, RR20 unlabored but shallow, TEMP 97.2 (forehead) and O2 SAT at 90% at RA. I called R42's daughter [Name] (POA) who wishes R42 to go into the Ed for further evaluation instead of having CXR and labs down at the NH. Nursing staff to call ED with report. Sent to the ED. 12/01/22 at 10:04 a.m., Surveyor interviewed DON B and Nursing Home Administrator (NHA) A asking about timeliness of a nurse assessment of R42 on 08/01/22. R42 progress notes identify a medication aide found R42 at 7:30 a.m. having an emesis that is looking as having tobacco. No documentation of a RN assessment of R42 until the Nurse Practitioner assessed R42 at 11:07 a.m. and R42 was then sent to the emergency room . DON B and NHA A indicated the RN should have assessed the resident immediately and education will be provided to staff.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525397	A. Building B. Wing	12/01/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Dove Healthcare - Superior	1800 New York Ave Superior, WI 54880

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0686 Level of Harm - Actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46693 Based on observation, interview and record review, the facility did not ensure 3 of 3 residents reviewed for pressure injuries (R69, R59 and R39), received care consistent with professional standards of practice in relation to prevention or worsening of pressure injuries (PI). - R59 developed two Stage 3 pressure injuries while in the facility that then became unstageable. R59 had no care plan for pressure injuries and did not have heel suspension boots provided for Stage 3 heel pressure injuries. The facility did not provide an appropriate mattress to promote healing. - R69 has a history of Stage 3 pressure injuries (PIs) to his heels. The facility did not encourage repositioning or protective device placement to prevent decline. The PI assessment did not have full description of the wounds, such as physical characteristics of the wound bed and periwound condition, presence or absence of pain, wound edges, sinus tracts, undermining, tunneling, necrotic tissue, odor, presence/absence of granulation tissue, and epithelialization. -R39 did not have comprehensive weekly wound assessments to monitor and ensure healing and prevent infection. This is evidenced by: The NPIAP advises, For individuals with Stage 3 or greater heel pressure injury elevate the heels with a specifically designed heel suspension device, offloading the heel completely . Example 1 R59 was admitted to the facility on [DATE]. R59's diagnoses include in part: Parkinson's, hallucinations, urinary retention, restlessness and agitation, dementia, unstageable left and right heel pressure injuries, adult failure to thrive, and muscle weakness. R59's Minimum Data Set (MDS) significant change assessment dated [DATE] states that R59 is usually understood and usually understands. Brief Interview for Mental Status (BIMS) has a score of 5 which indicates severe cognitive impairment. R59 requires extensive assist for bed mobility, transfers, locomotion, toileting, and hygiene. R59 is frequently incontinent of bowel and uses an indwelling foley catheter. R59 receives pressure reducing devices for bed and chair and has no current skin breakdown. Care Plan - There is no care plan related to Pressure Injury for R59. Braden Scale completed on 09/13/22 notes R59 is at moderate risk for pressure injuries. Surveyor reviewed weekly skin assessments, no assessments were completed by the facility staff, only by the visiting NP from Integrated Wound Care. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525397	A. Building B. Wing	12/01/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Dove Healthcare - Superior	1800 New York Ave Superior, WI 54880

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0686 Level of Harm - Actual harm Residents Affected - Few	~10/19/22 Integrated Wound Care: Initial exam Stage 1 right heel change weekly and prn, stage 2 left heel change daily and prn. (This is the first documentation identifying a pressure injury) ~10/26/22 Integrated Wound Care: added bilateral blue boots. Mild odor noted to left heel. Progress note states no change. ~11/02/22 Integrated Wound Care: diagnosis changed to stage 3 pressure ulcers to both heels. Note on left heel states dry black eschar. Left heel measures 2cm x 2cm x 0.1cm. (Black eschar is unstageable, therefore there is an error that the physical exam does not match the diagnoses). ~11/09/22 Integrated Wound Care: Progress note states no change. Noted dry scab on both heels. Left heel measures 1.5cm x 1.5cm x 0.1cm. ~11/16/22 Integrated Wound Care: Both heels unstageable 100% eschar both heels both tender with cleansing but progress note states no change. Weekly assessments were completed for the pressure injuries and the physician was updated with changes. Physician orders include: ~04/07/22 Wound care to coccyx identified as moisture associated skin damage. Protect with bordered foam. Change as needed. Off load pressure frequently as needed for wound care. ~10/20/22 Elevate footrest to relieve pressure on heels every shift for wound care orders. ~11/17/22 wound care to right and left heels. Cleanse with wound cleanser and apply bordered foam. Change weekly and as needed with soiling. Float heels off recliner. The heel boots noted on the 10/26/22 NP assessment above were discontinued, and pillows were used as of 11/17/22 in the recliner. The facility provided no evidence that a heel suspension boot was being used in October. There is no other direction on use of the pillow or boots for when R59 is in bed. On 11/29/22 at 7:26 AM, Surveyor observed that R59 had heels wrapped with ace bandages and there was no air mattress on the bed. Certified Nursing Assistant (CNA) M entered R59's room and explained that R59 has sores on both heels, coccyx. Surveyor observed pillows being used under the heels of R59 when in the recliner during the 4 day survey. The pillow does not provide offloading for the Stage 3 pressure injury, as a heel suspension boot would. On 11/30/22 at 2:20 PM, Surveyor reviewed type of mattress and manufacturer instructions that was provided by Director of Nursing (DON) B. Mattress is a Medline Hi-Resiliency Waffle Foam used for those at high risk for pressure ulcers or have stage 1 and/or stage 2 pressure ulcers for residents admitted to the facility. R59 obtained ulcers at a stage 3 or more, which was determined on 11/02/22, this would no longer qualify R59 for this type of mattress. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525397	A. Building B. Wing	12/01/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Dove Healthcare - Superior	1800 New York Ave Superior, WI 54880

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0686 Level of Harm - Actual harm Residents Affected - Few	On 12/01/22 at 11:24 AM, Surveyor asked DON B what interventions would you expect from your staff when a resident develops a pressure ulcer. DON B's response, Repositioning, change mattress, offloading, and weekly skin tracking. I am new to this position and will be taking wound classes. Surveyor informed DON B of concerns regarding no care plan for Pressure injury, lack of heel suspension boots and the mattress that was not effective for Stage 3 PIs. 17661 Example 2 According to Prevention and Treatment of Pressure Ulcers Quick Reference Guide, NPIAP (National Pressure Injury Advisory Panel) 2019, EPUAP (European Pressure Ulcer Advisory Panel), and PPPIA (Pan Pacific Pressure Injury Alliance), 2014 Pressure Injury Assessment should be conducted initially and reassessed at least weekly. R69 has medical diagnoses that include but are not limited to Vascular Dementia with Behavioral Disturbance, Anxiety Disorder, Type 2 Diabetes Mellitus, Vitamin D Deficiency, Severe Protein-Calorie Malnutrition, Chronic Kidney Disease Stage 3, Avoidance Personality Disorder, Conduct Disorder-Aggressive Behavior and recently, Sepsis Methicillin Susceptible Staphylococcus Aureus. A review of R69's Minimum Data Set Assessments (MDSAs) completed by the facility were completed. This consisted of an Admission assessment dated [DATE] and a Significant Change in Status assessment (SCSA) dated 9/12/22. According to these assessments, R69 requires extensive staff assistance with basic Activities of Daily Living (ADL) tasks such as bed mobility, transfers, dressing, bathing, personal hygiene and toileting. He is nonambulatory. R69 is frequently incontinent of bladder function and always incontinent of bowel function. R69 has a Brief Interview of Mental Status score of 8/15, indicating moderate cognitive impairment. According to these assessments, upon admission to the facility (7/11/22), R69 had no PIs. The SCSA coded R69 as having 2 facility acquired PIs located one on each heel, each coded as Stage 3, in which R69 developed Septicemia. R69 was coded as refusing cares. A review of the Care Plan developed for R69 was completed and Surveyor noted the following: 7 .Resident has hx of using threatening gestures towards staff, and not keeping boots on feet as prescribed (Initiated-7/13/22 and last revised on 9/2/22) Interventions for this plan included: - Resident is often non compliant with heel boots, leaving heels elevated, repositioning, and ADLS. Continue to encourage heel boots, repositioning, elevated heels, and ADLS as resident allows. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525397	A. Building B. Wing	12/01/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Dove Healthcare - Superior	1800 New York Ave Superior, WI 54880

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0686 Level of Harm - Actual harm Residents Affected - Few	- Monitor and document mood state/behaviors upon occurrence. 8. Alteration in skin integrity on both heels r/t continued pressure and shearing and coccyx area open (Initiated 8/13/22 and revised on 8/30/22) GOAL: Further breakdown of heels will be prevented with identified interventions. (Initiated 8/13/22, the Target Date for revision is listed as 9/25/22, which was not yet completed) Interventions: - Booties to feet as resident allows. Float heels as resident allows. (8/19/22) - Monitor skin integrity daily during cares. Weekly skin inspection by nurse. (8/13/22) - Treatment to open areas per order (8/13/22) - Turn and reposition or reminders to offload q 2-3 hours and PRN (8/13/22) - Has Air Mattress to bed. (8/31/22) On 11/28/22 at 3:02 PM, Surveyor interviewed Registered Nurse (RN) R regarding R69 and his wounds. RN R stated that R69 has two Stage 3 PIs, one on each heel, and that R69 is very noncompliant and won't wear the boots, won't float his heels and refuses wound care at times. RN R stated that when she completes the treatment to R69, she would notify Surveyor. On 11/29/22 at 7:00 AM, Surveyor noted R69 lying in bed on his back. An air mattress was underneath R69 and the heels were floating on two pillows, but the right leg was resting half on and half off the pillows so that heel was actually on the mattress. There were no Prevalon boots on either foot. At 9:29 AM, R69 was still in bed on his back as noted earlier. Note: The air mattress in use for R69 was a Stat 5000 C , set at a weight of 180 pounds. This mattress is effective for Stage 2 to Stage 4 PIs per the manufacturer's instructions. Surveyor then interviewed Certified Nursing Assistant (CNA) D, who was responsible for R69's care on this day. CNA D stated that she washed him up around 9:00 AM and that R69 accepted his morning cares but refused to get up for the day. At 11:13 AM, Surveyor noted R69 still in bed on his back as noted all morning. CNA D completed morning bathing for R69. Following cares, she adjusted R69's feet on two bed pillows for floating of his heels. She did not offer or attempt to assist R69 into a chair for the day, nor did she offer or attempt to put on the Prevalon boots. CNA D also did not offer or encourage R69 to position onto his side to alleviate pressure on the heels. She then left the room. R69 was monitored by Surveyor throughout the rest of the morning, and various staff entered and exited his room, but none offered or attempted to get R69 up into the wheelchair, place the boots on his feet or reposition him onto a side to redistribute any pressure off of the heels. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525397	A. Building B. Wing	12/01/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Dove Healthcare - Superior	1800 New York Ave Superior, WI 54880

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0686 Level of Harm - Actual harm Residents Affected - Few	At 11:34 AM, Surveyor interviewed CNA D once again and asked what the expectations for R69 included. CNA D stated that R69 won't allow staff to reposition him onto his side. She further stated, We used to put a pillow at his back to keep him on his side, but he just takes it out and goes onto his back. Sometimes he will get up in the wheelchair, but most days, he wants to stay in bed. I can try to ask him. I didn't do that yet. When asked if she was to offer the boots for his heels, CNA D stated, We are supposed to put them on. I need to check the Care Plan again to make sure we are still to try them. I can try, but I didn't offer them this morning. I should have. Surveyor then approached LPN O regarding treatment conduction. LPN O stated that Integrated Wound Care (IWC) would be coming in on this day to conduct R69's treatment. LPN O stated the nurse comes in weekly to do all the treatments in the facility. Surveyor then reapproached LPN O and asked if he had completed any recent assessments of R69's wounds. LPN O stated that he observed the heels 4 -5 days ago and the right looks good, scabbed but the left continues to need dressing changes. LPN O stated that the facility nursing does not document wounds, the IWC nurse comes in and does the full assessment weekly and that she does the documentation. The only time facility nursing completes the assessments is if there is something out of the ordinary. An attempt to complete the treatment was made by LPN O and DON B; however, R69 adamantly refused. R69 had a PI care plan in place 8/13/22 with interventions. Surveyor reviewed the past month documentation of R69's existing pressure injuries and noted the following: - 10/26/22: IWC documentation: Right Heel: 2.0 cm L x 1.0 cm W with no drainage and 100% epithelial tissue; progress documented as No Change as remained a scabbed area and treatment remained unchanged Left Heel: 2.5 cm L x 2.5 cm W x 0.1 cm D with moderate Serous drainage and no odor with 100% granulation. Progress of wound was documented as No Change Still the treatment in place since 9/7/22 was not changed. - 11/2/22: IWC documentation: Right Heel: 2.0 cm L x 1.0 cm W x 0.1 cm D with moderate Serosanguinous drainage and 100% granulation. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525397	A. Building B. Wing	12/01/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Dove Healthcare - Superior	1800 New York Ave Superior, WI 54880

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0686 Level of Harm - Actual harm Residents Affected - Few	Progress documented as Improving when in fact, this is actually a decline in the wound with serosanguinous drainage Left Heel: 2.0 cm L x 2.0 cm W x 0.1 cm D with moderate Serosanguinous drainage and no odor, with 100% granulation; Progress documented as Improving Treatment to both heels was the former mentioned wound cleanser followed by Collagen Sprinkles, and ABD (abdominal) with Kerlix wrap daily and to float heels - 11/9/22: IWC documentation: Right Heel: 1.5 cm L x 0.5 cm W x 0.1 cm D with moderate serous drainage and 100% granulation. Progress of wound was documented as Improving Left Heel: 1.5 cm L x 1.5 cm W x 0.1 cm D with moderate amount serous drainage and 100% granulation. Wound progress documented as Improving - 11/16/22: IWC documentation: Right Heel: 1.5 cm L x 0.5 cm W with moderate serous drainage and no odor, dry scab. Progress documented as No Change No changes made to the treatment Left Heel: 3.5 cm L x 3.0 cm W x 0.1 cm D with moderate serosanguinous drainage and 100% granulation Note: the wound progress was documented as No Change when in fact, the wound worsened with the doubling of size and serosanguinous drainage versus the previous week with serous drainage. -11/23/22 No assessment was documented as being completed As with National Standards of Practice, there is no full description of the wounds, such as physical characteristics of the wound bed and periwound condition, presence or absence of pain, wound edges, sinus tracts, undermining, tunneling, necrotic tissue, odor, presence/absence of granulation tissue, and epithelialization in the weekly assessments. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525397	A. Building B. Wing	12/01/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Dove Healthcare - Superior	1800 New York Ave Superior, WI 54880

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0686 Level of Harm - Actual harm Residents Affected - Few	On 12/01/22 at 9:42 AM, Surveyor interviewed DON B regarding the expectations of repositioning and pressure injury prevention and care for R69, and complete assessments. DON B stated that staff should be offering R69 repositioning, to get up in the wheelchair and to place the boots on his feet. Staff need to make the attempt. If R69 refuses, then staff need to clearly document all refusals. DON B will be taking a wound class to improve documentation. 31086 Example 3 Review of R39's medical record documented current diagnoses dementia without behavioral disturbance, vascular dementia, anxiety disorder, major depressive disorder, obsessive compulsive disorder, anemia, pressure ulcer of sacral region, DM, and irritable bowel syndrome. Review of physician orders documented, in part: on 11/17/22 Wound Care: Left Coccyx Pressure Ulcer: Wound Cleanser. Hydrogel. Bordered foam. Change daily one time a day for related to PRESSURE ULCER OF SACRAL REGION, UNSPECIFIED STAGE Minimum Data Set (MDS) dated [DATE] quarterly assessment: Section M documented R39 at risk for pressure injury and has one stage 3 pressure injury. Review of previous MDS does not document R39 as having a prior pressure injuries. Review of progress notes: 10/16/2022 15:41 SBAR - Change of Condition Situation: Previously healed wound to left of tailbone has reopened. Open area is approx 1cm x 1 cm, depth is superficial. Surrounding skin is reddened, blanchable and appears dry. No Assessment (RN)/Appearance (LPN): Assessment: Open area is approx 1cm x 1 cm, depth is superficial. No drainage from site. Surrounding skin is reddened, blanchable and appears dry. Res states area is sore. Response: Area cleansed c wound cleanser, skin prepped and dressed c a foam dressing. Res advised to reposition frequently while in bed. Recommendations: No further facility wound documentation in the progress notes about the wound. Surveyor was provided wound documentation from a wound care company. The documentation dated 10/26/22 documented the wound as a stage 1 with measurements of 1 x 1 x 0.1 and is a dry ulcer. The assessment portion of the documented has a diagnosis of a pressure ulcer of sacral region, stage 2. The facility does not have their own nursing staff wound assessment. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525397	A. Building B. Wing	12/01/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Dove Healthcare - Superior	1800 New York Ave Superior, WI 54880

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0686 Level of Harm - Actual harm Residents Affected - Few	On 11/02/22, the wound care company documentation of the wound as a stage 3 with measurements of 0.8 x 0.8 x 0.2 with exudate of moderate Serosanguinous and 100% slough and recommended Santyl for treatment. The facility does not have their own nursing staff wound assessment and no physician notification of a change in condition. On 11/16/22, the wound care company documentation of the wound as a stage 3 with measurements of 0.5 x 0.5 x 0.2 with exudate of moderate serous and 100% slough and note as a dry ulcer. The facility does not have their own nursing staff wound assessment. The week of 11/23/22 the facility and wound care company do not have weekly wound documentation. Review of care plan: Alteration in skin integrity Date Initiated: 08/07/2020 Resident will remain free from skin breakdown Date Initiated: 08/07/2020 Revision on: 10/22/2020 Target Date: 01/30/2023 Air bed for Stage 3 pressure ulcer per MD. Date Initiated: 03/03/2022 Nurse Monitor skin integrity daily during cares. Weekly skin inspection by nurse. Date Initiated: 08/07/2020 NSG Document on skin condition and keep MD or PA-C informed of changes Date Initiated: 08/12/2021 On 11/29/22 at 9:28 a.m., Surveyor interviewed Licensed Practical Nurse (LPN) I asking about the open areas on the coccyx. LPN I indicated R39 is non-compliant with repositioning and is able to transfer self and bed mobility independently. Have tried an air mattress and R39 refused and when educated and requested to reposition resident would refuse or reposition and then position self back. R39 is obsessive with wiping buttocks when toileting and rubs the areas open again. 11/29/22 at 9:32 a.m., Surveyor observed LPN I provide wound care. When entering room R39 is in the bathroom. Surveyor observed R39 continually wipe buttock area with toilet paper, the toilet paper was not soiled and R39 continued to wipe the area. R39 was able to transfer self from toilet and walk with a walker to her bed. Areas on sacral area is red and dry and appears superficial and a red area in the center of the vertebrae and this is not open. Surveyor did not observe or identify a stage 3 open area on the buttocks. 11/29/22 at 11:45 a.m., Interview with Director of Nursing (DON) B asking about weekly wound documentation. The wound opened on 10/16/22 and was set to see wound clinic on 11/02/22. Surveyor asked was there a weekly wound assessment completed between 10/16/22 and 11/02/22. DON indicated it would have been her responsibility to complete the assessments and she had just started in this facility. Surveyor asked if there was an assessment completed for the week of 11/20/22. DON indicated the wound clinic did not come to the facility due to the holiday. Surveyor asked when the wound clinic is not scheduled to come into the facility, who would complete the weekly wound assessment. DON B indicated the nurses document on the wound daily. Surveyor asked who would complete the full assessment of measurements, description of wound bed, odors to compare to previous assessments to assess of a change. DON B indicated it would be her responsibility and the facility will have a nurse round with the wound clinic.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525397	A. Building B. Wing	12/01/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Dove Healthcare - Superior	1800 New York Ave Superior, WI 54880

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47284 Based on observation, interview and record review, the facility did not ensure 3 of 3 (R3, R28, and R20) residents reviewed for respiratory care to have received the necessary care of respiratory equipment. R3's nasal cannula and humidifier container, nebulizer mask and tubing, and BiPAP (Bi-level positive airway pressure) mask and tubing were not changed or cleaned according to the facility's policy. R28's nasal cannula and BiPAP mask and tubing were not changed or cleaned according to the facility's policy. R20's nasal cannula was not changed according to the facility's policy. This is evidenced by: On 11/30/22 at 8:00 AM, Surveyor reviewed the facility policy entitled, Oxygen General Guidelines-Policy Statement (no date). Under bullet point Miscellaneous number 2 it states Disposable oxygen supplies are changed at least weekly. Concentrator filters are to be cleaned weekly. Policy entitled, Nebulizer Treatment - Policy Statement dated 11/2019 under policy implementation numbers 8 and 9 states Instruct and remind client to clean nebulizer after treatment is complete. This prevents bacteria growth. Remind client to use new nebulizer kit and tubing every two weeks. Policy entitled, CPAP/BiPAP Support - Policy Statement dated 3/2015 under General Guidelines for Cleaning as follows, Machine cleaning: wipe machine with warm, soapy water and rinse at least once a week and as needed. Filter cleaning: rinse washable filter under running water once a week to remove dust and debris. Replace this filter at least once a year and replace disposable filters monthly. Masks, nasal pillows and tubing: clean daily by placing in warm, soapy water and soaking/agitating for 5 minutes. Mild dish detergent is recommended. Rinse with warm water and allow to air dry between uses. Headgear (strap): wash with warm water and mild detergent as needed. Allow to air dry. Example 1 On 11/29/22 at 8:15 AM, Surveyor reviewed R3's medical record. R3 was admitted to the facility on [DATE] with a primary diagnosis of spina bifida. Other diagnoses include but are not limited to chronic respiratory failure with hypoxia, other disorders of lung, and sleep apnea. R3 has a BIMS (Brief Interview for Mental Status) score of 15 out of 15, which means cognitively intact. R3's physician's orders as follows: 3 liters of oxygen per minute via nasal cannula continuous, with a start date of 3/30/22. Clean oxygen concentrator filter weekly on Saturday, with a start date 2/19/22. Change oxygen tubing weekly in the evening every Tuesday, with a start date 11/29/22. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525397	A. Building B. Wing	12/01/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Dove Healthcare - Superior	1800 New York Ave Superior, WI 54880

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Wipe down oxygen concentrator weekly in the evening every Tuesday, with a start date 11/29/22. No orders for BiPAP (bilevel positive airway pressure) machine in the current EMR (electronic medical records) orders. Ipratropium Albuterol solution 0.5-2.5 (3) mg/3ml inhale orally every 4 hours as needed for shortness of breath related to shortness of breath inhale 3 ml into the lungs as needed. Start date 2/17/22. Per review of miscellaneous documents for R3, found Progress Note dated 4/5/22 written by DON (Director of Nursing) for clarification on BIPAP which reads: On 7/2022 there was an order for BIPAP at HS (hour of sleep) with 2LPM (liters per minute). This order is no longer in the orders. Does resident need BIPAP? If so, please write orders for what is needed. On this document the written response states Yes - order for BiPAP @ HS with 2 lpm oxygen. Signed and dated 4/5/22 by Provider. Per review of R3's TAR (Treatment Administration Record) for the month of November 2022: Change oxygen tubing weekly in the evening every Tuesday with start date 11/29/22. Charted as complete on 11/29/22. Wipe down Oxygen concentrator weekly in the evening every Tuesday with start date 11/29/22. Charted as complete on 11/29/22. October 2022 TAR does not have any documentation concerning changing oxygen tubing nor wipe down oxygen concentrator. October-June 2022 TAR has no specific area to chart completion of the above tasks, but on each page of the TAR it does have a section for Unscheduled Other orders that states [Oxygen] - change oxygen tubing weekly, wipe down oxygen concentrator weekly. No documentation that this was completed. Nothing on TAR about BiPap or nebulizer cares. Review of R3's care plan shows there is nothing written concerning respiratory such as assessments, cares, or treatments. On 11/28/22 at 10:35 a.m., Surveyor observed R3 currently on oxygen 3 liters per minute (LPM) via nasal cannula (NC). No date noted on the NC, with humidification date on humidifier container of 8/15/22. Surveyor asked the Resident if known when staff last changed the oxygen tubing, humidifier container or other respiratory equipment. R3 states unknown when staff last changed the respiratory equipment. R3 states wears BiPAP equipment at night each night and nebulizer as needed. Nebulizer machine at bedside along with BiPAP machine. Resident is in no respiratory distress. On 11/29/22 at 1:15 p.m., Surveyor spoke with LPN J (Licensed Practical Nurse) concerning protocol for changing oxygen tubing and humidifiers. She advised, The tubing and humidifier container needs to be changed every seven days and document in the TAR when completed. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525397	A. Building B. Wing	12/01/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Dove Healthcare - Superior	1800 New York Ave Superior, WI 54880

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 11/29/22 at 1:17 p.m., Surveyor's observation of R3 who is in no respiratory distress. Oxygen via nasal cannula in place with humidifier oxygen at 3 LPM. Noted on humidifier container date of 11/29/22. On 11/30/22 at 10:09 a.m., Surveyor spoke with LPN I concerning BiPAP use and cleaning and states, There needs to be an order from the provider for use/settings of the BiPAP. To clean the BiPAP tubing and mask, the nurse will clean with soap and water, rinse the tubing and mask and hang over bathroom door to dry. Filters are changed weekly on Saturday by nurses and documented in TAR along with documentation in TAR for change of oxygen tubing that is every 7 days. Same goes for nebulizers for cleaning mask after each use and allowing to dry. LPN I states R3 does have a BiPAP and nebulizer and that the mask/tubing is cleaned and fills the BiPAP water compartment with distilled water. LPN I states she has been trained by the facility on use and care of oxygen, BiPAP, and nebulizers. On 11/30/22 at 10:15 a.m., Surveyor observed R3 talking on the phone at this time. No respiratory distress noted. Oxygen via nasal cannula on resident. On 11/30/22 at 2:03 p.m., Surveyor asked DON (Director of Nursing) B for the missing documentation in the TAR for R3 concerning the oxygen, nebulizer, and BiPAP cares and changes, and care plan for respiratory. DON B was unable to produce the requested documentation for TAR and care plan stating, There is no care plan for respiratory and what is documented in the TAR currently is what was documented for respiratory cares/changes. Example 2: On 11/30/22, Surveyor reviewed R28's medical record. R28 was admitted to the facility on [DATE] with a primary diagnosis of chronic respiratory failure with hypoxia and hypercapnia and COPD (Chronic Obstructive Pulmonary Disease). R28's Physician's orders as follows: BiPAP machine on during naps and at NOC (Night Shift) should be applied with 2.5 liters oxygen, every shift. Start date 8/20/22. BiPAP maintenance orders. Start date 9/21/22. Oxygen 2.5L continuously for chronic hypoxemic respiratory failure. Start date 4/8/22. Change oxygen tubing weekly every Wednesday. Start date 10/27/21. Per review of R28's TAR (Treatment Administration Record) showed the following: Change oxygen tubing weekly one time a day every Wed start date 10/27/21 Nov: charted complete only on 11/9/22. Oct: charted complete only on 10/12/22. Daily BIPAP maintenance: clean tubing and mask; fill water chamber with distilled water everyday shift for BiPAP use. Start date 9/21/22. Nov: There are eleven days the oxygen tubing and bibap maintenanceis not documented as completed. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525397	A. Building B. Wing	12/01/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Dove Healthcare - Superior	1800 New York Ave Superior, WI 54880

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Oct: The cares were not doucmented as complete for 18 days. Replace BIPAP filter monthly or as needed on time a day every 28 days. Start date 8/20/22. Nov: Nothing charted on TAR. Oct: Nothing charted on TAR. Weekly BIPAP maintenance: Inspect and wash headgear; clean water chamber; clean filter every day shift every 7 days for BiPAP use. Start date 9/21/22. Nov: 11/9/22 only day charted complete on TAR. Oct: only charted complete twice on TAR. Per review of R28's Care Plan showed the following: Focus: Risk for impaired gas exchange related to chronic respiratory failure Goals: R28 will display optimal breathing pattern daily through review date Interventions: Elevate HOB (head of bed) PRN (as needed) for SOB (shortness of breath) while lying flat Give oxygen therapy as ordered by the physician. Monitor for signs and symptoms of acute respiratory insufficiency: Anxiety, Confusion, Restlessness, SOB at rest, Cyanosis, Somnolence. Monitor/document/report to MD (Medical Doctor) PRN any signs and symptoms of respiratory infection: Fever, Chills, increase in sputum (document the amount, color and consistency), chest pain, increased difficulty breathing (Dyspnea), increased coughing and wheezing. On 11/30/22 at 2:03 p.m., Surveyor asked DON B for the missing documentation in the TAR for the oxygen and BiPAP cares and changes for R28. DON B was unable to produce the requested documentation. Example 3 R20 is a [AGE] year-old resident admitted to the facility on [DATE]. R20 has a diagnosis of Chronic Respiratory Failure with Hypoxia and Hypercapnia, Congestive Heart Failure, and Chronic Obstructive Pulmonary Disease. He has a BIMS (Brief Interview for Mental Status) score of 15 out of 15, which means is cognitively intact. On 11/29/22, Surveyor observed R20 in room, with an O2 (Oxygen) concentrator and the O2 tubing across his bed. The tubing did not have a date on it to indicate when it was changed last. On 11/29/22, Surveyor interviewed R20 about the O2, R20 stated he did not know when the last time the tubing was changed and he thought they used to change it weekly. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525397	A. Building B. Wing	12/01/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Dove Healthcare - Superior	1800 New York Ave Superior, WI 54880

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 11/29/22, Surveyor interviewed RN G (Registered Nurse) regarding R20 O2. RN G stated she was unsure if he was even using his O2. Surveyor asked RN G if she could show Surveyor where it is documented on the MAR/TAR (Medication Administration Record/Treatment Administration Record) that it had been changed. RN G was not able to show that it had been documented. Surveyor asked RN G if we could then assume it had not been changed and RN G agreed that if it was not documented it could be assumed it was not done. R20's Hospice nurse had been listening to the conversation and stated that Hospice is responsible for bringing the supplies, but not for changing the tube. On 11/30/22, Surveyor reviewed R20's comprehensive medical record. R20 had an MD order for O2 2-4L per minute per nasal cannula. Further review of R20 MDS of 11-11-22 states no O2 was being used in section O of the MDS (Minimum Data Set) Assessment. R20's care plan of 12/7/20 states: Uses O2 at night to relieve anxiety and for sleep apnea per MD order. Provide O2 as ordered. 41994

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525397	A. Building B. Wing	12/01/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Dove Healthcare - Superior	1800 New York Ave Superior, WI 54880

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe, appropriate dialysis care/services for a resident who requires such services. 31086 Based on interview and record review, the facility did not ensure residents who require dialysis receive services consistent with professional standards of practice, the comprehensive person-centered care plan and the residents' goals and preferences for 1 (Resident (R) 68) of 1 reviewed. Facility staff did not assess R68's vitals and port site for bleeding or infection after dialysis. This is evidenced by: Review of the facility's policy, Hemodialysis dated 11/22/19, read in part: .General Guideline .Staff will provide ongoing assessment of the resident's condition. Resident will be monitored for complications before and after dialysis treatment . Review of R68's medical record document current diagnoses of end stage renal disease, congestive heart failure, occlusion and stenosis of bilateral carotid arteries, diabetic mellitus 2, and atrial fibrillation. Review of Physician orders, in part: 6/24/22 Post Dialysis-offer rest and snack (NO) every evening shift every Tue, Thur, Sat in the evening every Tue, Thu, Sat for . 6/24/22 Monitor Dialysis site for bleeding. If excessive bleeding is noted call 911. Resident has right chest port for dialysis. every shift for . 6/24/22 VS after Dialysis in the evening every Tue, Thu, Sat for . 6/24/22 2000 fluid restriction in 24 hours. 500 ml Nursing, 1500 ml Dietary (NO). Record results for both nursing and dietary every shift for fluid restrictions 11/3/22 - 11/30/22 Warfarin Sodium 7 mg Give 7 mg by mouth in the evening every Thu for Afib until 11/30/2022 23:59 AND Give 6 mg by mouth in the evening every Mon, Tue, Wed, Fri, Sat, Sun for Afib until 11/30/2022 23:59 Review of the Treatment Administration Record documented vital signs of blood pressure, pulse, respirations, and oxygen saturations were not completed on September: 3, 10th, 15th, 17th, 27, 29th, October: 1st, 4th, 6th, 8th, 11th, 13th, 18th, 22nd, 25th, 27th, November: 8th, 12th, 26th, and 29th. Monitor dialysis site for bleeding was not completed after dialysis in September 10th, 15th, 27th, 29th and missed 25 assessments on other shifts. October had missed assessments after dialysis on 1st, 4th, 6th, 8th, 13th, 18th, 22nd, 25th, 27th, and missed 37 assessments on other shifts. November had missed assessments after dialysis on 12th, 26th and 29th, and missed 29 assessments on other shifts. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525397	A. Building B. Wing	12/01/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Dove Healthcare - Superior	1800 New York Ave Superior, WI 54880

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 11/28/22 at 11:20 a.m., Surveyor interviewed R68 asking about dialysis. R68 indicated dialysis is on Tuesday, Thursday and Saturday and is gone from about 10 a.m. until 4 p.m. Surveyor asked R68 if staff check her vitals and the dialysis port upon return to the facility. R68 indicated when she returns staff give her food and let her rest and do not check the port or vitals. On 12/01/22 at 10:04 a.m., Surveyor interviewed Director of Nursing (DON) B and Nursing Home Administrator (NHA) A asking about assessing a resident after returning from dialysis. DON B indicated the resident should be assessed. Surveyor reviewed R68's Treatment Administration Record of missing documentation of assessments and monitoring. R68 is also on coumadin, and port should be assessed. Surveyor reviewed R68's interview with DON B and NHA A. DON B and NHA A indicated staff will be educated.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525397	A. Building B. Wing	12/01/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Dove Healthcare - Superior	1800 New York Ave Superior, WI 54880

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. 41994 Based on observations, interview and record review, the facility failed to conduct internal temperature monitoring of the dishwasher. This had the potential to affect all 75 residents. This was evidenced by the following: On 11/30/22 at approximately 1:45PM, Surveyor observed dishwashing task being performed in the kitchen. The facility has a hot water dishwasher, with washing temperatures to be at 150 degrees and rinsing to be at 180 degrees. Surveyor observed a rack of dirty dishes go through the dishwasher. It was observed that the out gauges of the dishwasher went up to 150 degrees during the washing process and up to 190 degrees for the rinsing process. On 11/30/22 at approximately 1:45PM, Surveyor asked the Kitchen Manager (KM) N for evidence of strips being run through the dishwasher to check the internal temperatures. KM N stated that they did not do any strips or tests of internal temperature. Surveyor at this time asked for the manufacturer's manual as well as last servicing done to the dishwasher. On 11/30/22 at approximately 3:15PM, KM N came to the Surveyor with the facility policy entitled- Dishwashing Machine Use. Under bullet point number 8 it states the following: The supervisor will check the calibration of the gauge weekly by: A. Running a secondary thermometer through the machine to compare temperatures; or B. Using commercial temperature test strips following manufacturer's instructions. The FDA Food Code of 2017 states the following: 4-302.13 Temperature Measuring Devices, Manual Warewashing. Water temperature is critical to sanitization in warewashing operations. This is particularly true if the sanitizer being used is hot water. The effectiveness of cleaners and chemical sanitizers is also determined by the temperature of the water used. A temperature measuring device is essential to monitor manual warewashing and ensure sanitization. Effective mechanical hot water sanitization occurs when the surface temperatures of utensils passing through the warewashing machine meet or exceed the required 71 C(160 F). Parameters such as water temperature, rinse pressure, and time determine whether the appropriate surface temperature is achieved. Although the Food Code requires integral temperature measuring devices and a pressure gauge for hot water mechanical warewashers, the measurements displayed by these devices may not always be sufficient to determine that the surface temperatures of utensils are reaching 71 C(160 F). The regular use of irreversible registering temperature indicators provides a simple method to verify that the hot water mechanical sanitizing operation is effective in achieving a utensil surface temperature of 71 C (160 F).

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525397	A. Building B. Wing	12/01/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Dove Healthcare - Superior	1800 New York Ave Superior, WI 54880

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. 31086 Based on observation and interview, the facility did not maintain an infection prevention and control program to provide a safe, sanitary and to help prevent the development and transmission of communicable diseases and infections. This has the potential to affect 27 residents on the first floor. Facility nursing staff and housekeeping staff inappropriately wearing N95 masks over a surgical mask when entering a COVID positive room. This is evidenced by: Centers for Disease Control and Prevention: How to Use Your N95 Respirator Updated Mar. 16, 2022, read in part: .Keep Your N95 Snug: Your N95 must form a seal to your face to work properly. Your breath must pass through the N95 and not around its edges. Jewelry, glasses, and facial hair can cause gaps between your face and the edge of the mask. The N95 works better if you are clean shaven. Gaps can also occur if your N95 is too big, too small, or it was not put on correctly . Review of Resident (R) 18's medical record documented on 11/21/22 R18 tested positive for COVID-19 and was placed on isolation. On 11/28/22 at 1:50 p.m., Surveyor observed Housekeeper (H) H exit Resident (R)18 room wearing a blue surgical mask and gown and gloves. H H removed gloves, gown and surgical mask and sanitized hands and applied a new blue surgical mask. On 11/28/22 at 1:50 p.m., Licensed Practical Nurse (LPN) O applied hand sanitizer, gown and N95 mask over surgical mask, applied face shield and gloves, then entered R18's room to administer medication. R18's room door has contact precaution sign on door and a sign for the order of applying Personal Protective Equipment. At 2:00 p.m., LPN O exited R18's room with gown and gloves and N95 off and wearing the blue surgical mask. LPN O went to the nurse's station and washed hands appropriately. On 12/01/22 at 10:04 a.m., Surveyor interviewed Director of Nursing (DON) B and Nursing Home Administrator (NHA) A asking if wearing a surgical mask under a N95 mask is appropriate. DON B and NHA indicated the N95 is to be worn by itself to ensure a proper fit. Surveyor reviewed observation and NHA A and DON B indicated education will be provided to staff.